

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41446

FILED JAN -6 1944

State File No. \_\_\_\_\_  
Registrar's No. 25

Registration District No. \_\_\_\_\_

Primary Registration District No. 5834, 5835

1. PLACE OF DEATH: Newton  
(a) County Spring City  
(b) City or town Spring City  
(c) Name of hospital or institution: Rural, Shoal Township; 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 27 years In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry E. Pontius  
3. (b) If veteran, No name war. 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ovella Pontius 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 71 hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

12. Name H. P. Pontius

13. Birthplace Penn. (City, town, or county) (State or foreign country)

14. Maiden name Julia Betz (City, town, or county) (State or foreign country)

15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ovella Pontius

(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 12-24-1942 (Date received local registrar) (b) Miss H. S. Chapman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 73  
(a) State Missouri (b) County Newton  
(c) City or town Rural, Joplin Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 22, day 1942; year \_\_\_\_\_ hour 10-20 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 19 to Dec. 22, 1942

that I last saw him alive on Dec. 22, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Pulmonary failure

Due to Pneumonia + Bronchitis 2 years or more

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 106 lb

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Mildred J. Hygand (If D. or other) DO

Address 411-12 Minor Bank Date signed 12-23-42

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**